

## INSTRUCTIONS TO COMPLETE APPLICATIONS

1. Read requirements and qualifications before completing enclosed forms.
2. Complete background information form and application forms.
3. Include type resume.
4. Include copies of the following:
  - a. College transcript
  - b. College Degree
  - c. Police officer certification
5. Send all information to:

Frederick Police Department  
P.O. Box 435  
Frederick, CO 80530  
Attn: Chief James D. Torrez

# EMPLOYMENT APPLICATION

**FREDERICK POLICE DEPARTMENT**  
**333 5<sup>th</sup> STREET**  
**PO BOX 435**  
**FREDERICK, CO 80530**  
**PHONE: (303) 833-2468**

Complete every section in your own handwriting. If a question or section does not apply to you, put N/A: DO NOT LEAVE A SECTION BLANK. If you need additional space to respond to any section, attach a sheet of paper with the written information. You are responsible for obtaining correct and complete addresses. All information is subject to verification. Any deliberate misstatements, misinterpretations or commissions by you are cause for disqualification. The information requested hence forth is used for determining your qualification and suitability for a position with this agency.

## PRINT IN INK IN YOUR OWN HANDWRITING – DO NOT TYPE

POSTION(S) APPLIED FOR:	DATE:
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<b>NAME:</b> LAST              FIRST              MIDDLE	ALIASES, MAIDEN NAME, NICHNAMES, OTHER NAME, CHANGES
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CURRENT HOME ADDRESS: STREET CITY COUNTY	HOME PHONE:                      WORK PHONE:  STATE                      ZIP  EMAIL ADDRESS:
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DATE OF BIRTH	AGE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	US CITIZEN: YES    NO
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SOCIAL SECURITY NUMBER:	PLACE OF BIRTH:
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## FAMILY

List in the order given showing relationship (parents, spouse, significant other, children, guardians, step-parents, foster parents, parents-in-law, brothers, and sisters) even though deceased. Include all former spouses and current roommates. DOB – Date of Birth.

Father	NAME:  DOB                      PHONE #	STREET  CITY                      STATE              ZIP
Mother	NAME:  DOB                      PHONE #	STREET  CITY                      STATE              ZIP
Spouse or Significant Other	NAME:  DOB                      PHONE #	STREET  CITY                      STATE              ZIP
	NAME:  DOB                      PHONE #	STREET  CITY                      STATE              ZIP
	NAME:  DOB                      PHONE #	STREET  CITY                      STATE              ZIP
	NAME:  DOB                      PHONE #	STREET  CITY                      STATE              ZIP
	NAME:  DOB                      PHONE #	STREET  CITY                      STATE              ZIP

## RESIDENCES

List all residences in the last ten (10) years, beginning with your most recent address.

From: Mo/Yr.	Current Street address:	If rental, Landlords Name:
		Phone:
<b>PRESENT</b>	City / State / Zip	Landlords Complete Address:
		Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name:
		Phone:

To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:

### WORK EXPERIENCE

Begin with your most recent job and list your work history through the last ten (10) years; including part-time, temporary, or seasonal employment and any military service. Identify part-time jobs with "PT" and temporary jobs with "TEMP"

From Mo/Yr	Name of Present Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why would you leave?	
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? No___ Yes___ If yes, please state circumstances: _____			
Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No___ Yes___			

If so, please explain:			
From Mo/Yr	Name of Present Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why would you leave?	
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Salary	Employer Telephone Number	Why would you leave?	
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? No___ Yes___ If yes, please state circumstances: _____			
Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No___ Yes___ If so, please explain:			

**ARE YOU A PREVIOUS EMPLOYEE OF THE FREDERICK POLICE DEPARTMENT? IF SO, PLEASE COMPLETE THE FOLLOWING:**

From Mo/Yr	Division(s) assigned	Job Title	Name of Supervisor
To Mo/Yr	Description of duties		Why did you leave?
Salary			
Were you ever suspended, subjected to disciplinary action, or asked to resign, or resigned to avoid being fired? If so, please explain:			

**MILITARY STATUS**

A copy of DD214 will be requested for a background investigation.

Have you served in the U.S. Armed Forces? No\_\_\_\_\_ Yes\_\_\_\_\_ Grade upon discharge\_\_\_\_\_

Branch of Service:	Years served: from _____ to: _____	Last Duty Station and name of Commanding Officer:
While in the military service, were you ever disciplined, arrested, or court martialed? If so, please explain:		
Are you a member of the U.S. Reserve or National Guard organization? No_____ Yes_____ If yes, complete the following:		
Grade and Service Number:	Branch of Service:	
Organization and Station, or Unit and Location	Active_____ Inactive_____ Standby_____	

Indicate Reserve obligation, If any:

**VOLUNTEER SERVICE**

List all volunteer or reserve service.

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Employer Telephone Number	
Briefly describe your duties:			
Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization? No_____ Yes_____. If yes, please state circumstances:			
From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Employer Telephone Number	
Briefly describe your duties:			
Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization? No_____ Yes_____. If yes, please state circumstances:			

## AFFILIATIONS

Are you now or have you ever been a member of any organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence or which seeks to alter the form of government of the United States by unconstitutional means? Yes\_\_\_\_ No\_\_\_\_

If you answered YES, explain fully your affiliations:

Have you ever filed for bankruptcy? No\_\_\_\_ Yes\_\_\_\_

If yes, please explain details of bankruptcy:

## LITIGATION INFORMATION

Have you ever been the plaintiff of or named in civil litigation, or received notice of claim or intent of be sued? No\_\_\_\_ Yes\_\_\_\_

If yes, please explain:

## LIQUOR / DRUG USE

Describe your use of intoxicating liquors:

Have you ever used marijuana or hashish? No\_\_\_\_ Yes\_\_\_\_ If so, how many times, and when was the last time?

Have you ever used any form of illegal drugs or narcotics (drugs not prescribed by your physician)? No\_\_\_\_ Yes\_\_\_\_

If yes, please explain in detail:

Have you ever sold or given drugs, narcotics, marijuana, or hashish to anyone? No\_\_\_\_ Yes\_\_\_\_

If yes, please explain in detail:

## REFERENCES

List three persons who know you well enough to provide current and past information about you. Do not list relatives or former employees.

1. Name:	Years known:
Complete Address:	Home Phone:
City, State, Zip	
Business Address:	Business Phone:
2. Name:	Years known:
Complete Address:	Home Phone:
City, State, Zip	
Business Address:	Business Phone:



# FREDERICK POLICE DEPARTMENT

## AUTHORIZATION FOR RELEASE OF INFORMATION

CONCERNING THE APPLICATION OF: \_\_\_\_\_ (Applicant-print name)

I hereby authorize the release of all the information and records concerning myself to any agent of the Frederick Police Department.

The intent of this authorization is to give my consent for complete disclosure of information regarding background, reputation and character. This includes, but is not limited to: records of educational institutions; military records; employment and pre-employment records; training records; financial or credit records; complaints or grievances filed by or against me; records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of laws; the results of polygraph examinations; records of civil complaints made by or against me; and verbal or written statements by any person; however person or confidential they may appear to be. I respectfully request and direct you to release all such information upon the request of any representative of the Frederick Police Department, regardless of any agreement of the contrary. I am have previously made with you.

I understand that the above information is for use y the Frederick Police Department in conducting a background investigation to determine my suitability of employment, and will be kept confidential. I understand that all materials obtained become the property of the Frederick Police Department and will not release to me. In the event my application is disapproved, the specific reason therefore cannot be revealed to me.

I understand that I have rights guaranteed by law to privacy with regards to the disclosure and access of records to information concerning me, and I voluntarily, knowingly, and willingly waive those rights with understanding that information furnished will be used by the Frederick Police Department in conjunction with employment procedures.

For an in consideration of the acceptance and processing of my application for employment, I agree to hold the Frederick Police Department, its agents, and employees harmless from any and all claims and liability associated with my application for employment of in any way connected with the decision whether or not to employ me with the Frederick Police Department.

I agree to indemnify and hold harmless any person or organization, and their agents, and employees to whom this request is presented, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with request.

A photocopy or fax of this release form will be valid as an original hereof, even though said photography does not contain my original signature.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Phone